

Governor's Award for Volunteer Service 2012

The Awards honor the true spirit of volunteerism by recognizing individuals, groups and businesses that make a significant contribution to their community through volunteer service.

Any person, group, or business from the public, non-profit and private sector may be nominated for an award.

Nomination forms are available at the Enrichment Center. Forms are also available at www.leecountync.gov. Please return the completed forms to the Enrichment Center, 1615 S. Third Street, Sanford, NC 27330, no later than Monday, October 31, 2012.







For more information, contact Janice Holmes, Volunteer Services Coordinator, at 919-776-0501 x2206.



GOVERNOR'S AWARD FOR VOLUNTEER SERVICE

2012

Managed by: NC Commission on Volunteerism and Community Service Office of the Governor



2012 GOVERNOR'S AWARD FOR VOLUNTEER SERVICE

NOMINATION GUIDELINES

ELIGIBILITY

- Nominees must have been engaged in volunteer activities for a minimum of one year in North
 Carolina and benefited a community or communities in the state in a substantial, important or unique way.
- 2. Students receiving course credits for their volunteer activities are ineligible **unless** the nomination is based upon volunteer service that extends beyond the course requirements, in which case it must be clearly indicated in the nomination statement.
- 3. Previous award recipients from within the past 10 years are ineligible.
- 4. Nominees in volunteer service categories are ineligible if they receive compensation for their service.
- 5. Director of Volunteers who receive compensation must be nominated in the non-volunteer service category; they cannot be nominated in a volunteer service category.
- 6. Nomination cannot be based upon court-mandated community service.
- 7. Nomination cannot be based upon serving as a "loaned executive."
- 8. Self-nominations are not allowable.
- 9. Nominators cannot be family members.
- 10. Group/team and corporate volunteerism nominations must be made by those external to the group/team or corporation/business.
- 11. Nomination submission requirements must be met.

SUBMISSION REQUIREMENTS

- 1. All nominations must be submitted on the 2012 Governor's Award for Volunteer Service nomination form.
- 2. The nomination form consists of six sections and three supplemental pages. **All required sections of the nomination form must be completed.**
- 3. The nomination form must be typed (no smaller than 11-point font). **Handwritten forms will not be accepted.**
- 4. Supporting documentation such as photographs, news articles, etc. will **not** be accepted by the Commission; award selection will be based solely on information provided on nomination forms.
- 5. Friday, November 18, 2011, is the deadline for county coordinators to submit nominations to the Commission. Each county should establish a local deadline for accepting nominations.

AWARD SELECTION

- Award selections are based on the nominee's volunteer efforts and commitment of time, accomplishments, community impact and enhancement of the lives of others, as described on the nomination form.
- Nominations are evaluated at the county level. The top five nominations are submitted by the county to
 the Commission. All five are recommended for the Governor's Volunteer Service Award; one of the five is
 recommended by the county as a nominee for the Medallion Award, the state's highest level of volunteer
 recognition. The county may also recommend one non-volunteer (paid) Director of Volunteers to be
 considered for a Medallion Award.
- The Commission selects recipients of the Governor's Volunteer Service Award, based on the selection criteria.
- Under the direction of the Commission, a statewide panel evaluates nominations for the Medallion Award and the Director of Volunteers. Based on the evaluation process, the state's top 20 volunteers and one top paid Director of Volunteers are selected to receive the Medallion Award.
- Recipients of the Governor's Award for Volunteer Service, Medallion Award and Director of Volunteers are selected based on merit – without regard to race, religion, gender, national origin, or physical/mental disability.



2012 GOVERNOR'S AWARD FOR VOLUNTEER SERVICE

NOMINATION FORM

From	 County

SECTION 1 – NOMINATION CATEGORIES (COMPLETION REQUIRED)

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VOLUNTEER SERVICE CATEGORIES
*Your nominee may fit multiple categories; please select ALL that apply to their service.
Individual: An individual volunteer.
Family: A family that volunteers together on the same project(s).
☐ Group/Team: A group or team of two or more people that volunteer together on the same project(s) under a group or team name.
☐ Youth Volunteer: A person (age 18 or younger) who volunteers.
Senior Volunteer: A person (age 55 or older) who volunteers.
Perseverance in Volunteerism: An individual volunteer who has overcome significant personal obstacles (mental or physical) in order to engage in service to others.
■ National Service Volunteer: An individual member of a National Service program (AmeriCorps, AmeriCorps VISTA, AmeriCorps NCCC or Senior Corps) who has demonstrated outstanding volunteer service <u>above and beyond</u> the requirements of the designated program.
Outstanding Mentor: An individual volunteer who has demonstrated a commitment to working with children (ages 18 and younger) in a mentoring capacity and/or been actively engaged in other activities that support a mentoring program.
☐ Faith-Based Volunteer: An individual, group or team that volunteers through a faith-based community organization.
Corporate/Business Volunteerism: A corporation or business that has made a substantial impact in the community by promoting service to their employees by providing volunteer hours or engaging in other volunteer activities.
Lifetime Achievement: An individual who has exhibited a lifelong commitment to volunteerism and community service. Nominees must have made a substantial and sustained impact in the community as a result of their service efforts.
NON-VOLUNTEER SERVICE CATEGORY
☐ Director of Volunteers: A paid staff member who exceeds expectations of good management skills in volunteer recruitment, training, coordination, risk management, evaluation, retention and recognition. <i>Related job titles could include Manager of Volunteers or Volunteer Program Director.</i>

SECTION 2 – Nominee Information (COMPLETION REQUIRED) COMPLETE ONE BOX ONLY

PLEASE COMPLETE THIS BOX FOR THE FOLLOWING CATEGORIES OF VOLUNTEER SERVICE: Individual, Youth, Senior, Perseverance in Volunteerism, National Service, Outstanding Mentor,

Faith-Based Volunteerism or Lifetime Achievement

Middle Name (if	f applicable)				
Last Name					
Home Address					
City					Phone
Email Address _					
PLEASE				NG CATEGORIE Business Volun	S OF VOLUNTEER SERVICE:
Group/Team or					neerism
-		. •		• •	
Contact's Title	Ms.	Mrs.	Mr. Dr	. Dther	
Contact's Last I					
Addiess Line 1					
City			State	Zip	Phone
Email Address _					
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SECTION 3 – Nominator and Reference Information (COMPLETION REQUIRED)

NOMINATOR		
Name		
	i.e. volunteer supervisor)	
	·	
City	State	Zip
Phone	Email Address	
Signature		Date
REFERENCES (Two refe	erences who are familiar with the nomi	inee's volunteer service.)
REFERENCE #1		
Name		
·		
	State	
Phone	Email Address	
Cianoturo		Data
Signature		Date
	~AND~	
REFERENCE #2		
Name		
Relationship to Nominee		
City	State	Zip
	Email Address	
Signature		Date

SECTION 4 – Organization Information (COMPLETION REQUIRED)

Organization(s) served by nominee. *Except for lifetime achievement nominees, please focus on this past year* of service only.

RGANIZATIO)N #1					
Organization	Name					
Volunteer Jo	b Title(s)					
Dates of Ser	vice					
Total length	of time nomin	ee has served this or	ganization			
Nominee's ty	pical frequenc	cy and duration of ser	vice (example	e-5 hours per da	ay for 3 days ea	ch week)
Nominee's p	rimary volunte	er duties				
		more than one organ nomination form.	ization this y	ear, please co	omplete the	
	SECTION 5 -	Nomination Statem	ent (COM	IPLETION RE	QUIRED)	
		sons this nominee is l <u>his past year</u> of servio		ited. <i>Except fo</i>	or lifetime ach	nievemei
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SECTION 6 – Description of Exemplary Service (COMPLETION REQUIRED)

Every volunteer is worthy of recognition. Please summarize the nominee's exemplary service and describe what distinguishes this nominee's efforts from other volunteers by providing the following required information. *Except for lifetime achievement nominees, please focus on this past year of service only.*

lease describe the nominee's outstanding accomplishments and how the imas helped to meet critical needs in their community.	
	pact of their servic
Please describe the nominee's special skills, qualities and/or leadership quali	ities.

SUPPLEMENTAL PAGE – Additional Organizations Served by Nominee

*Except for lifetime achievement nominees, please focus on this past year of service only.

lominee Name:	County
DRGANIZATION #2	
Organization Name	
Volunteer Job Title(s)	
Dates of Service	
Total length of time nominee has served this org	
Nominee's typical frequency and duration of serv	vice (example-5 hours per day for 3 days each week)
Nominee's primary volunteer duties	
PRGANIZATION 3	
Organization Name	
Volunteer Job Title(s)	
Dates of Service	
Total length of time nominee has served this org	
Nominee's typical frequency and duration of serv	
Nominee's primary volunteer duties	
RGANIZATION 4	
Organization Name	
Volunteer Job Title(s)	
Dates of Service Total length of time nominee has served this org	
Nominee's typical frequency and duration of serv	vice (example-5 hours per day for 3 days each week)
Nominee's primary volunteer duties	

SUPPLEMENTAL PAGE – Family Volunteerism

*For Family Volunteering Nominees ONLY

Family Member 2	ominee Name:	County
Title: Ms. Mrs. Mr. Dr. Other First Name Middle Name (if applicable) Last Name Suffix (if applicable) Jr. Sr. III Other Other Family Member 3 Title: Ms. Mrs. Mr. Dr. Other Middle Name (if applicable) Last Name Suffix (if applicable) Jr. Sr. III Other Other First Name Middle Name (if applicable) Jr. Dr. Other First Name Middle Name (if applicable) Jr. Sr. III Other Suffix (if applicable) Jr. Sr. Other Suffix (if applicable) Jr. Sr. Other Suffix (if applicable) Jr. Sr. Other Suffix (if applicable) Jr. Other Suffix (if ap	Family Member 2	
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Family Member 4 Title:	Last Name Suffix (if applicable)	III Other
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Title: Mrs. Mr. Dr. Other		
First Name		
Middle Name (if applicable) Last Name Suffix (if applicable)		
Last Name Suffix (if applicable)	Middle Name (if applicable)	
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